



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

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Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Dennis W. Streets, Director
919-733-3983

August 10, 2007

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: Adult Protective Services Supervisors

SUBJECT: TRAINING ON THE DYNAMICS OF MISTREATMENT AMONG ELDERLY AND DISABLED ADULTS

The Division of Aging and Adult Services is pleased to announce the availability of a one-day workshop entitled *Dynamics of Mistreatment Among Elderly and Disabled Adults*. The workshop will be offered on February 19, 2008 in Williamston, NC and May 6, 2008 in Monroe, NC.

This workshop will provide participants an excellent opportunity to learn about and discuss the emotional and psychological aspects of mistreatment. It will provide participants with insight into the psychological dynamics involved in many Adult Protective Services (APS) cases. The workshop will utilize lecture and small group discussions to introduce participants to these psychological dynamics. The workshop will also provide an understanding of how to identify and assess family abuse dynamics and examine how to develop and integrate solutions, based on an understanding of these dynamics, into practice in APS cases.

Social workers and supervisors with responsibility for evaluating and planning service interventions in APS cases will benefit from attending this workshop. The workshop is being offered as an advanced level training (beyond the APS Basic Skills Training) for APS staff. **All participants should have completed both Modules I and II of the *Adult Protective Services Basic Skills Training* prior to attending this workshop.**

A maximum of thirty participants will be accepted at each of the training sites. Registration will be accepted on first come, first served basis. There is no cost for this training, however, **you must pre-register**. A registration form is attached. Please make copies as needed. Participants can expect to receive a confirmation letter and specific information about the training site after registering. Each workshop **starts promptly at 9:00 a.m.** and will **end by 4:00 p.m.** Check-in is at **8:30 a.m.** There will be no on-site registration.

Dear County Director
Dynamics of Mistreatment
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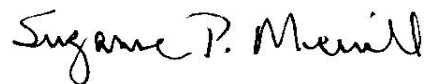
| Dates: | Location |
|-------------------|---|
| February 19, 2008 | Martin Community College Building 1, Room 14 1161 Kehukee Park Rd. Williamston, NC |
| May 6, 2008 | Union County DSS 1212 West Roosevelt Blvd. Monroe, NC |

Please choose one of the workshops listed above and complete the attached registration form. If the site you request is full, you will be notified and offered another site, if available. Refreshments will not be provided, however, participants are welcome to bring their own drinks and snacks.

If you need additional information or have questions regarding the content of the workshops, please contact Sarah Lugar at (919) 733-3818, or your Adult Programs Representative. For all questions regarding registration, please contact Monica Nealous, Program Assistant, at the number referenced above.

To assure registration at the selected location, send your registration as soon as possible. A completed registration form may be mailed or faxed to Ms. Nealous at NC Division of Aging and Adult Services, 693 Palmer Drive, 2101 MSC, North Carolina 27699-2101. FAX: (919) 715-0023. On-line registration is also available at ncswLearn.org.

Sincerely,



Suzanne P. Merrill, Chief
Adult Services Section

SPM/SEL

AFS-10-2007

Attachment

Adult Services Section, NC Division of Aging and Adult Services Registration Form

Have you attended the prerequisites for this training event?

☐ Yes ☐ No

(For prerequisite information please refer to the training description)

☐ Not Applicable for this Training

First Name: _____

MI: _____

Last Name: _____

If you have ever registered for a training under a different name, what is that name? _____

"Goes By" Name: _____

Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):

☐ Caucasian ☐ African American

☐ Latino/Hispanic

☐ Asian/Pacific Islander

☐ Native American/Eskimo

☐ Mixed Race

Home Phone (please include area code):

() _____

Work Phone & Extension (please include area code):

() _____

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box (Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____